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FACSIMILE TRANSMITTAL SHEET

To: Examiner Dung Anh Le
Group Art Unit: 2818
Confirmation No.: 1844
Serial No.: 10/673,539
Attorney Docket No.: E3755-00002
In re: Baiocchi et al.

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: 571.273.8300

**CONFIRMATION
TELEPHONE:** 571.272.1784

FROM: Joseph A. Powers

DIRECT DIAL: 215.979.1842

DATE: June 16, 2006

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TOTAL # OF PAGES: 21
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PTO/SB/17 (12-04v2)

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 Effective on 12/08/2004.
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FEE TRANSMITTAL **For FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **240****Complete if Known**

Application Number	10/673,539
Filing Date	September 29, 2003
First Named Inventor	Baiocchi et al.
Examiner Name	Dung Anh Le
Art Unit	2818
Attorney Docket No.	E3755-00002

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: **04-1679** Deposit Account Name: **Duane Morris LLP**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Suppl. Information Disclosure Statement; 1 mo. ext of time

Fees Paid (\$)

240.00**SUBMITTED BY**

Signature	<i>Joseph A. Powers</i>	Registration No. (Attorney/Agent)	47,006	Telephone	215-979-1842
Name (Print/Type)	Joseph A. Powers	Date	June 16, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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For FY 2005

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Complete if Known

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Examiner Name **Dung Anh Le**
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Attorney Docket No. **E3755-00002**

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Each independent claim over 3 (including Reissues)
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
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Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims Extra Claims Fee (\$)

- 20 or HP = x =

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Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x =

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

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Other (e.g., late filing surcharge): Suppl. Information Disclosure Statement; 1 mo. ext of time

Fees Paid (\$)

240.00

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Signature Joseph A. Powers Registration No. (Attorney/Agent) **47,006** Telephone **215-979-1842**
Name (Print/Type) **Joseph A. Powers** Date **June 16, 2006**

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